PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10123151

-													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LLE	NTITY	OF		R THAN L ENTITY	
TOTAL CLAIMS			8	64				ATE	FEE		RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		IC FEE	 		BASIC FE		
Ţ	OTAL CHARG	EABLE CLAIMS	84 n	€ \ 4 minus 20=		* 44		S 9=	 -	7	1	1	
IN	DEPENDENT	CLAIMS	9	minus 3 =	* C	<i>S</i> *		13=	 		You	79 2	
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT				<u> ^</u>				X86=	218	
* If the difference in column 1 is less than zero, enter "0" in column 2							+1	45= ——		OR	+290=		
CLAIMS AS AMENDED - PART II								TAL		OR	TOTAL	2012	
_	(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9≈		OR	X\$18=	1.55	
	Independent	* ENTATION OF M	Minus	***		=	X4:	3=		OR	X86=	ļ	
<u></u>	I WIGHT NES	LINIATION OF IV	IOLTIPLE DE	PENDENT	CLAIM		+14	5-		1	+290=		
TOTAL											TOTAL		
											ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER		HIGHE NUMBI PREVIOL	ST ER	PRESENT EXTRA	RAT		ADDI- TIONAL] [RATE	ADDI- TIONAL	
	Total	AMENDMENT	<u> </u>	PAID F		EXTRA			FEE]]	TIAIL	FEE	
	Independent	*	Minus Minus	**		=	X\$ 9)=		OR	X\$18=		
		NTATION OF MU	I	PENDENT C	LAIM	=	X43	=		OR	X86=		
										OR	+290=		
										OR A	TOTAL DDIT. FEE		
-	<u> </u>	(Column 1) CLAIMS	Т	(Column		(Column 3)			,				
MEN		REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	Ē T I	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9:	$\neg \vdash$		OR	X\$18=		
	Independent	*	Minus	***	- 1	=	X43=	1			X86=		
	FIRST PRESE	-	+		OR	X00=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL ADDIT FEE													
14	me mignestivun	nber Previously Paid per Previously Paid	id For" IN THIS	S SPACE ie le	ee than	2 onto: "2 "	ADDIT. Fi			OR AE in colur	DIT. FEE L		
314.5	TO 075 (D. 10)						_						